FEE TRANSMITTAL	Complete if known
	Application Number: 10/009,049
	Filing Date: April 1, 2002
	Inventors: William Thomas Melvin et al.
	Title: PEPTIDE HAVING FOR FIBRINOGEN FRAGMENT E ACTIVITY, ANALOGS, ANTIBODIES AND USES THEREOF
TOT. AMT. OF PAYMENT: (1) + (2) + (3) = \$ 475.00	Our File No.: 0380-P02753US0

METHOD OF PAYMENT (check one)	FEE CALCULATION (continued)	
The Commissioner is hereby audiorized to:	3. ADDITIONAL FEES	
Charge indicated fees	Fee Description Fee Paid	
Charge additional fees	Surcharge-late filing fee or oath	
Credit overpayments	Surcharge - late provisional filing fee or cover sheet	
	Non-English specification	
to the account of DANN, DORFMAN, HERRELL AND SKILLMAN	For filing a request for reexamination	
Deposit Account Number 04-1406	Requesting publication of SIIL prior to Examiner action	
2. Payment enclosed:	Requesting publication of S1R after Examiner acting	
Check in the amount of \$	Excepsion for response within first abouth	
Calebra III and announce of a	Extension for response within second mouth	
	Extension for response within third month 475.00	
	Extension for response within fourth month	
FEE CALCULATION	Notice of Appeal	
I. FILING FEÈ	Filing a brief in support of an appeal	
Fee Description Fee Pald	Request for oral hearing	
Utility filing fee	Perision to institute a public use proceeding	
	Petition to revive unavoidably abandoned application Petition to revive unintentionally abandoned application	
Design filing fee	Issue (be:	
Plant filing fee		
Reissuc filing fee	Advance Order (10 copies)	
Provisional filing fee	Publication Fee	
SUBTOTAL (1) \$0.00	Petitions to the Commissioner	
H	Petitions related to provisional applications	
	Submission of Information Disclosure Sunt. Recording each patent assignment per property	
2. CLAIMS	(Unies number of properties)	
2. CLAIMS Extra Fee Fee Paid	Filing a submission after final rejection (37 CFR 1.129(a))	
	For each additional invention to be examined (37 CFR 1.129(b))	
Total Claims Presented 20 = × 9.00/18.00 =	Other foo (specify)	
(a)		
Independent Claims		
Presented 3 = x		
(b)		
Multiple Dependent Claim (first presentation) =		
(a) Enter 20 or number previously paid for (b) Enter 3 or number previously paid for		
	SUBTOTAL (3) S_475.00	
SUBTOTAL (2) \$ 0.00		

Submitted By:		
Typed or		
Printed Name Partick J. Hagan Reg. Number 27,643		
12 + 1 - 11		Deposit Account User ID
Signature Patrick J. Hage	Date March 22, 2004	04-1406
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